

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 4																																															
<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE07-00-D-S024			<b>2. DELIVERY ORDER/CALL NO.</b> 0013		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2003DEC12		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA4																																																
<b>6. ISSUED BY</b> TACOM WARREN BLDG 231 AMSTA-AQ-ATAC KAYE MAGAR (586)574-6318 WARREN, MICHIGAN 48397-5000 EMAIL: MAGARK@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (If other than 6)</b> DCMA GENERAL DYNAMICS PITTSFIELD 100 PLASTICS AVE PITTSFIELD MA 01201-3696			<b>CODE</b> S2208A		<b>8. DELIVERY FOB</b>  <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)																																															
<b>9. CONTRACTOR</b>  BRETON INDUSTRIES INC 1 SAM STRATTON RD AMSTERDAM, NY. 12010-0429  NAME AND ADDRESS  TYPE BUSINESS: Other Small Business Performing in U.S.			<b>CODE</b> 54799		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED																																															
<b>12. DISCOUNT TERMS</b> Net 30 Days			<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15																																																						
<b>14. SHIP TO</b> SEE SCHEDULE			<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266				<b>CODE</b> HQ0337		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center; vertical-align: middle;"><b>16. TYPE OF ORDER</b></td> <td style="width:10%; text-align: center;"><b>DELIVERY/ CALL</b></td> <td style="width:5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td style="text-align: center;"><b>PURCHASE</b></td> <td></td> <td colspan="9" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> <tr> <td colspan="12" style="padding: 5px;">ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</td> </tr> </table>												<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b>	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									<b>PURCHASE</b>		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.									furnish the following on terms specified herein.											ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
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<table style="width:100%;"> <tr> <td style="width:30%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width:30%; text-align: center;">SIGNATURE</td> <td style="width:30%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width:10%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> </tr> </table>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																																									
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<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b>  SEE SCHEDULE																																																									
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>				<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>																																														
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders																																																							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						<b>24. UNITED STATES OF AMERICA</b> MARIE T. GAPINSKI /SIGNED/ GAPINSKM@TACOM.ARMY.MIL (586)574-5333 BY: _____ CONTRACTING/ORDERING OFFICER				<b>25. TOTAL</b> \$37,535.98																																															
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____																																																									
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>																																																	
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>																																															
<b>f. TELEPHONE NUMBER</b>						<b>g. E-MAIL ADDRESS</b>																																																			
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>						<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>																																															
<b>a. DATE (YYYYMMDD)</b>						<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>																																																			
						<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>31. PAYMENT</b>		<b>34. CHECK NUMBER</b>																																															
										<b>35. BILL OF LADING NO.</b>																																															
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>																																															

**Name of Offeror or Contractor:** BRETON INDUSTRIES INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0014	NSN: 2510-01-330-6576 FSCM: 19207 PART NR: 12340245-4 SECURITY CLASS: Unclassified				
0014AA	<u>PRODUCTION QUANTITY</u>  NOUN: DOOR,VEHICULAR PRON: EH43S418EH    PRON AMD: 01    ACRN: AA AMS CD: 060011  <u>Description/Specs./Work Statement</u> TOP DRAWING NR: 12340245-4  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: ASTM-D-3951 LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial  <u>Inspection and Acceptance</u> INSPECTION: Origin    ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                                SUPPL <u>REL CD    MILSTRIP    ADDR    SIG CD    MARK FOR    TP_CD</u> 001   W56HZV3341T912   W25G1U        J                                2 <u>DEL REL CD                QUANTITY                DAYS AFTER AWARD</u> 001                        116                        0150  002                        166                        0180  003                        162                        0210  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W25G1U)    XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND                PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-00-D-S024/0013  DOC                                SUPPL <u>REL CD    MILSTRIP    ADDR    SIG CD    MARK FOR    TP_CD</u> 002   W56HZV3341T913   SW3227        J                                2 <u>DEL REL CD                QUANTITY                DAYS AFTER AWARD</u> 001                        50                        0150	562	EA	\$_____66.79000	\$_____37,535.98

Name of Offeror or Contractor: BRETON INDUSTRIES INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<div>002340180</div> <div>FOB POINT: Origin</div> <div>SHIP TO: <u>FREIGHT ADDRESS</u> (SW3227) DEF DIST DEPOT RED RIVER RECEIVING BLDG 499 10TH STREET AND K AVENUE TEXARKANA TX 75507-5000</div> <div><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-00-D-S024/0013</div> <div>DOC SUPPL</div> <div><u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 003 W56HZV3341T914 W62G2T J 2</div> <div><u>DEL REL CD</u> <u>QUANTITY</u> <u>DAYS AFTER AWARD</u> 001 34 0150</div> <div>FOB POINT: Origin</div> <div>SHIP TO: <u>FREIGHT ADDRESS</u> (W62G2T) XU DEF DIST DEPOT SAN JOAQUIN 25600 S CHRISMAN ROAD REC WHSE 10 PH 209 839 4307 TRACY CA 95376-5000</div> <div><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-00-D-S024/0013</div>				

**CONTINUATION SHEET**

Reference No. of Document Being Continued

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**PIIN/SIIN** DAAE07-00-D-S024/0013

MOD/AMD

**Name of Offeror or Contractor:** BRETON INDUSTRIES INC

## CONTRACT ADMINISTRATION DATA

LINE	AMS CD/	OBLG	ORDER	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u> <u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>NUMBER</u>	<u>STATION</u>
0014AA	EH43S418EH	AA 2 97	X4930AC9D 6D	26KB S20113	W56HZV \$ 37,535.98
	060011				
					TOTAL \$ 37,535.98

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC9D	6D	26KB S20113	W56HZV	\$ 37,535.98
						TOTAL	\$ 37,535.98